



Certificate of Employers' Liability Insurance^(a)

(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 1998 (the Regulations), one of more copies of this certificate must be displayed at each place of business at which the policy holder employs persons covered by the Certificate). Display will be satisfied if the certificate is made available in electronic form and each relevant employee to whom it relates has reasonable access to it in that form.

Policy Number:	SQPFB000686
Name of Policy Holder:	Drug Free Powerlifting Ltd
Trading Name(s):	British Drugs Free Powerlifting Association
Date of commencement of insurance:	01/09/2021
Date of expiry of insurance:	31/08/2022

We hereby certify that subject to paragraph 2:-

1) the insurance to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the island of Jersey, the island of Guernsey and the island of Alderney, or to offshore installations in any waters outside the United Kingdom to which the Employers' Liability (Compulsory Insurance) Act 1969 or any amending primary legislation applies^(b); and

2a) the minimum amount of cover provided by this insurance is no less than £5,000,000 ^(c)

Signed on behalf of the Insurers,

S Dickinson ACII
For Authorised Insurers

Notes

(a) Where the employer is a company to which regulation 3(2) of the Regulations applies, the certificate shall state in a prominent place, either that the insurance covers the holding company and all its subsidiaries, or that the insurance covers the holding company and all its subsidiaries except any specifically excluded by name, or that the insurance covers the holding company and only the named subsidiaries.

(b) Specify applicable law as provided for in the regulation 4(6) of the Regulations.

(c) See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant insurance.

Note: the information below this line does not form part of the statutory certificate. The Insurers on whose behalf this certificate is issued require the following information to be entered by the issuing intermediary.

Name and address of issuing intermediary:

Moorhouse Group Limited
2-3 Sir Alfred Owen Way , Caerphilly, Mid Glamorgan
CF83 3HU

Issuing intermediary's reference: DRUGF/3162829
(if different from the Policy Number stated above)

This insurance is managed and provided by Square Pegs, a trading name of Castel Underwriting Agencies Ltd and underwritten by Chaucer Insurance Company DAC.

Castel is authorised and regulated by the Financial Conduct Authority. It is registered in England and Wales under company number 07774336, with its Registered Office at 33 Gracechurch Street, London EC3V 0BT.